Our forensic pathology group has offered to initiate such a program in our area, and the concept has been well received. So far, only the concept exists because funding, staffing, and other particulars are in limbo. I would encourage forensic pathologists and their clinical colleagues, along with attorneys and judges, seriously to consider the necessity of such programs in their communities. Until we establish a competent system of forensic medicine in this country, we will continue to underserve the needs of victims suffering from all forms of violence.

> GREGORY D. REIBER, MD Clinical Assistant Professor Department of Pathology University of California, Davis, School of Medicine Northern California Forensic Pathology 2443 Fair Oaks Blvd, Ste 311 Sacramento, CA 95825

REFERENCES

- 1. Salber PR: Improving emergency department response to victims of domestic violence, *In* Epitomes—Important Advances in Clinical Medicine—Emergency Medicine. West J Med 1993; 159:599-600

 2. Eckert WG: Forensic sciences and medicine. Am J Forensic Med Pathol

Dr Salber Responds

To the Editor: Dr Reiber's letter raises an interesting point. As emergency physicians, trauma surgeons, and other physicians caring for injured patients are becoming increasingly aware of societal violence—including family violence—as a cause of injuries, the need for training in forensic evaluation is more apparent. Such evaluation would increase our ability to diagnose violence as the cause of an injury, thereby increasing the chances for a referral or intervention to break the cycle of violence. In addition, documentation of a forensic evaluation may help injured patients who seek protection or redress in the judicial system. The best treatment of victims of violence will require a team approach. I applaud Dr Reiber's suggestion that forensic pathologists should be added to the

> PATRICIA R. SALBER, MD Physicians for a Violence-Free Society San Francisco General Hospital Bldg One, Rm 306 1001 Portrero Ave San Francisco, CA 94110

The Editors are pleased to receive letters commenting on articles published in the journal in the past six months, as well as information or short case reports of interest to our readers. ALL MATERIAL SUBMITTED FOR CONSIDERATION MUST BE DOUBLE-SPACED. Letters NO LONGER THAN 500 WORDS are preferred. An original typescript and one copy should be submitted. All letters are published at the discretion of the Editors and subject to appropriate editing. Those of a scientific nature will be peer reviewed. Authors should include information regarding conflict of interest, when appropriate ("I warrant that I have no financial interest in the drugs, devices, or procedures described in this letter"). Most letters regarding a previously published article will be sent to the authors of the article for comment. Authors of accepted letters will have an opportunity to review the edited version before publication.